Health Needs Assessment

A Guide for Regional Health Authorities

MANUAL

Summer 2000

Alberta
HEALTH AND WELLNESS

Context
Getting Started
Identify Needs and Results
References

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Purpose of this Guide

This guide has been developed to support the Alberta Regional Health Authorities (RHAs) to define the health needs of their populations. It is a tool that provides useful information on the health needs assessment process to regional health authority board members and staff. Staff members who are involved on a day-to-day basis in health planning activities of the region will be familiar with the information contained in this guide.

For health planners, this guide may serve as a useful point of reference and as a communication vehicle to explain the health needs assessment process to others. Community health councils, community agencies, students and other groups in the community may also find it a useful resource.

This report builds on the following key directions for Alberta's health system identified in assessing health needs.

- Putting people first; encouraging individual and community group participation in planning and evaluating their health needs and services.
- Meeting the needs of communities and involving them more directly in decisions.
- Shifting the health system emphasis in the direction of disease/injury prevention, health promotion and wellness (as supported by research, practice evidence and cost effectiveness).
- Focusing more on positive health outcomes.

The approach taken in this guide is to provide readers with core information and suggestions for assessing health needs. Any health needs assessment process will need to reflect the unique mosaic of the region, communities and populations of the region. This guide cannot capture all the information on the theory and practice of needs assessment available. An annotated reference list has been included to provide additional sources of assistance.

Section 1: The Context for Health Needs Assessment in Alberta

- The Background
- Working Definition for a Health Needs Assessment
- Significance of a Health Needs Assessment
- Keys to Ensure Success

Section 1: The Context for Health Needs Assessment in Alberta

The Background

The first edition of this guide, *Assessing Community Health Needs - A Guide for Regional Health Authorities*, was released in October 1995 and presented an eight-step process for assessing and taking action on health needs in regional health authorities (RHAs).

The eight steps are:

1. Decide what information is needed
2. Collect the required data
3. Analyze the information to identify community health needs
4. Assess needs and possible solutions
5. Set priorities and make choices for a plan of action
6. Reality check with community members
7. Integrate into business plan and take action
8. Monitor and evaluate

Over the last few years, RHAs have developed considerable hands-on experience conducting health needs assessments and incorporating the results into the business planning cycle (*Health Authority Business Plan and Annual Report Requirements 2000-2001 to 2002-2003, Alberta Health and Wellness*). This Guide reflects what RHAs have learned about health needs assessment. Additional information has been incorporated including:

- Framing health needs assessment within the Alberta context, (e.g. general accountability and expectations of RHAs, business planning, evidence-based decision-making, and the broader determinants of health).
- Showing health needs assessment as an ongoing, developmental process linked to the regional business planning cycle, rather than describing it as a one-time event.
- Building on the concept of specialized or targeted needs assessment rather than just focusing on one large region-wide endeavour.
- Providing additional information on ways to assess the current performance of health services
- Discussing how to evaluate the health needs assessment process.
- Building and sustaining community relationships and ongoing community involvement.
- Balancing the requirements for new information and data with the actual effort and cost to obtain and analyze data given the vast array of health indicators, determinants, program inputs and outputs.
- Working with other partners to collect information and share results, (e.g. pooling resources and knowledge regarding needs assessments with similar or the same population).
- Ensuring health needs assessment is part of a longer-term health needs assessment plan, (e.g. building on results of information developed, issues identified, and taking advantage of special opportunities).

- Incorporating research results into health needs assessment.
- Selecting appropriate health indicators.
- Integrating the results into business planning at all levels and at all stages.
- Communicating the results to the public, the board, health providers and stakeholders so that they can take action.
- Working with other RHAs and Alberta Health and Wellness to share knowledge and experience.
- Looking to continuously improve the health needs assessment process by ongoing monitoring and evaluation of the process and results.

In addition to the information and suggestions offered by staff in RHAs and the Health Needs Assessment Task Group established to develop this Guide, planning materials from other jurisdictions were analyzed and a literature review of recent information on needs assessment was completed.

A Working Definition for Health Needs Assessment

If several people are asked to define what "health needs assessment" means to them, each will highlight the concepts most pertinent to their situation. A working definition of health needs assessment has evolved in the last five years as Alberta Health and Wellness and RHAs have gained experience and knowledge of this complex planning process. For the purposes of this guide, the "working" definition of health needs assessment is:

> *A health needs assessment identifies and measures the health status of a population of a Regional Health Authority. It examines the way health services are used, what health services are needed, and the ability of the region to respond to those needs. It also measures the various environmental and behavioural influences on health and wellbeing in communities and the region as a whole. It is an ongoing process that incorporates a wide-range of information and analysis that can be use for a variety of purposes.*

Previously, the term "community" health needs assessment was frequently used. "Community" is now often dropped as its use created confusion in at least two ways.

1. Some interpreted it to mean the needs assessment was limited to community health/public health issues or services.

2. Others felt it narrowed the focus of the health needs assessment to specific communities rather than allowing for region-wide or target group assessments.

Health Authority Business Plan and Annual Report Requirements 2000-2001 to 2002-2003 describes "health needs assessment" as a process to gather existing information and new information on the health and health needs of a population (including mental health needs). A needs assessment is a basic planning resource that provides facts so decisions about programs, services and resource allocation can be based.

A review of recent literature indicates that the process for a health needs assessment includes:

- Extensive use of national, provincial, and regional information including epidemiological data on identified health issues.
- Use of information on health determinants (e.g. income and education levels).
- The review of existing health programs and services, and processes within a geographic area and/or community to determine if they are meeting the intended needs.
- Gaps analysis to identify gaps in services, needs, and areas of increasing demand.
- An increased emphasis on using the needs assessment as a management tool to assist in evaluation and accountability in areas such as program effectiveness, quality, efficiency and quantity of services, and to ensure a rational linkage between needs (services) and outcomes.

A Health Needs Assessment provides a structured and ongoing process to link health needs with the resources available to achieve positive health outcomes.

A health needs assessment can provide a structured and ongoing process to explore the relationship between health needs of a specific population (i.e. a specific population could be persons residing in a geographic area, a particular age or target group) and the resources available to address those needs so that efforts are focused on achieving positive health outcomes.

It is a systematic approach that involves qualitative and quantitative methods to identify health problems of a specific population under study, to identify inequities in health and access to services, and to determine priorities so that resources can be fairly allocated to meet the needs.

Some organizations split the health needs assessment process into two discreet steps:

- Health Needs Assessment, (i.e. the identification of the health needs of a specific population or target group).

- Capacity Assessment, (i.e. the health systems ability to respond to the identified health needs including the assessment of current resources to meet the need and demand for services).

This guide discusses both aspects. A comprehensive health needs assessment approach is tied to the ongoing regional health planning process including strategic, business and program planning cycles.

A health needs assessment is not a singular event undertaken to get a "barometer reading" on how the community is feeling. The value of the health needs assessment will be increased if it is developed using an ongoing plan or framework for assessing health needs. This includes sound health planning information and mechanisms to involve communities and key stakeholders in a variety of ways.

Significance of a Health Needs Assessment

The purpose of a health needs assessment is to collect, analyze and present the information required to plan for health services to improve the health of a specified population. This information helps to:

- Provide baseline information about the health status of the population, (i.e. the patterns of health, illness, injury and the difference from community, regional, provincial and national trends).

- Understand what health services the population uses, where they access services and why they use them.

- Identify opportunities for disease and injury prevention, health promotion and health protection strategies.

- Incorporate evidence-based decision making in priority setting and planning.

- Assess outcomes and results in the longer term.
- Focus public discussion on health issues, expectations of the health system and increase understanding about difficult choices that need to be made.
- Encourage community members, stakeholders and a wide variety of partners to become involved in the decision-making process.
- Guide policy, research and program development.
- Assist in mapping out links and opportunities to collaborate with other sectors.

In summary, a health needs assessment is a critical element in the overall health planning process.

Keys to Ensure Success

The following can help ensure success in planning and conducting health needs assessments.

- **Inform the community about what is involved in assessing health needs.** Conduct orientation and education sessions with staff, community representatives and stakeholders to increase their understanding of the health needs assessment purpose and process. Remember the scope, objectives of the needs assessment and how the information will be used must be clearly defined and communicated to the participants.
- **Allocate adequate resources to get the job done.** It takes a considerable amount of time, people, and resources to carry out a health needs assessment. A health needs assessment plan will need to include estimates of the resources needed. If a health needs assessment is approached as a long-term ongoing process, then information collection, analysis and communication activities can be co-ordinated and distributed over time rather than a costly one-time major effort.
- **Determine the expertise needed.** Many RHAs designate a person or team to plan and implement health needs assessments.

An assessment of staff expertise will help to determine what additional education may be needed to enhance their abilities to produce high quality results. Depending on resources and requirements, the use of external consultants to help in the planning or conducting specific parts of the assessment (e.g. expertise in designing a survey) may be an option.

- **Collecting and sharing needs assessment information will require collaboration and development of effective communication strategies.** In every region there are many organizations that are interested in collecting and analysing information for planning purposes. Co-ordination of assessments and possibly sharing information of mutual interest may be beneficial to planning and effective use of resources. Multi-agency involvement requires good communication; not only between the partnering organizations, but also with the communities. Keeping up communication through existing mechanism such as interagency groups and community health councils is essential.

- **Consider that health needs assessments can include a variety of activities to explore the health needs of the region.** Health needs assessments can look at the entire population of a defined geographic area. A narrower but more in-depth assessment may also be done. For example, a region may examine the specific health needs of an age group (e.g. seniors) or a target group with a particular health issue (e.g. diabetes). It is essential to build on previous work to develop a comprehensive base of health needs assessment information over time.

- **Be realistic about the data and information required.** There is a lot of data that could be collected, but it takes time and resources. It is critical to be clear about what information is required, when, for what specific population, issue, and time period. Investing time in careful planning for data collection, analysis and determining the use of the results, will pay off in a clearly focused resource efficient and meaningful assessment. It is important not get overwhelmed with large amounts of data that do not focus clearly on key questions or allow the tracking of important issues, trends and results.

- **Separate health needs assessment and program performance measurement.** Health needs assessment and the measurement of program effectiveness (by developing performance measures and assessing program impact), although complementary, are different processes. Health needs assessment focuses primarily on identifying health issues, examining contributory factors, and determining how those needs are, or are not being addressed.

  Program performance measurement focuses on determining the effectiveness of the program in achieving its identified objectives, which may or may not be directly related to health needs. Together, both processes contribute to overall business planning and management.

Some questions to consider when developing a plan to assess a community include:

- What are the major health needs and issues facing a community?
- What health issues are not being addressed as well as they should be?
- What resources and strengths do communities have in place already for promoting wellness and addressing health issues?
- How does the community use health services? (e.g. what, where and for what purposes).
- Have people come together in the community to solve a problem? What was the issue, what was done, and who was involved? What were the results? What can be learned from those experiences?
- What are the barriers/challenges to health faced by the community (e.g. social, financial, geographical, political, educational, etc.)?
- In order to improve health in specific communities, what should be the top priorities?
- What are possible solutions to address the identified priority health needs?

Section 1 has provided information on the background to the development and the purpose of this Guide. Health needs assessment were defined and its significance to planning reviewed and keys to planning successful needs assessments were discussed.

Section 2 first describes a four-step framework for health needs assessment. It then proceeds to discuss the first two steps in more depth.

Section 2: Getting Started

- Framework for a Health Needs Assessment
- Step One: Define the Purpose and Scope
- Step Two: Information, Collection and Analysis
- Strategies to Involve the Community
- Developing a Community Profile

Section 2: Getting Started

A Framework for Health Needs Assessment

In this Guide, a four-step health needs assessment framework is provided to help describe the various aspects of this complex process. The framework is intended to provide guidance; not a rigid structure for developing a plan for health needs assessment. Each RHA will need to develop its own approach to health needs assessment that reflects its unique principles, characteristics and approaches.

The Four Steps are:

1. ***Define Purpose and Scope***
2. ***Information Collection and Analysis***
3. ***Health Needs and Priorities***
4. ***Results and Evaluation***

The diagram below depicts a framework for health needs assessment.

The titles on the outside of the centre of the diagram identify the four basic steps or components of the health needs assessment process. Each step feeds into the next and contributes to the central objective of developing a health needs assessment (at the centre). The process is without a beginning or end, representing the ongoing nature of the process.

Other processes, like strategic planning, business planning, and budgeting also contribute to a health needs assessment but are not reflected in this diagram.

Step One: Define the Purpose and Scope

Be clear on:

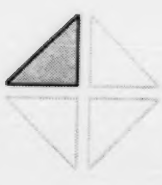
- ***The purpose and scope***
- ***How the information will be used***
- ***Who should be involved and how***

It is important that the purpose and scope of the health needs assessment is clearly and specifically defined, and to have a specific plan on how the information will be used. It will then be easier to focus the collection of the information required. The scope of the needs assessment will depend on factors such as the size of the population or complexity of the issue, type and availability of resources, access to previously collected information, and type of participants to be involved in the process.

Once the purpose and scope are defined, it will become increasingly clear who should be involved in the health needs assessment. There will be people who are responsible for conducting the health needs assessment. They may be a combination of planning staff, operations staff, and outside resources.

Key regional and community partners will also need to be involved to help identify available information that can be collected, and provide some of the actual data. Examples of key community partners include community health councils, health-related community agencies, social services, target group associations (e.g. the local chapter of the Cancer Society), local government, schools, transportation and safety (e.g. police, ambulance and fire), and business (e.g. the major employers in the area).

Community participation is an important element of a health needs assessment. Strategies to involve the community are discussed later in this section under the heading "Strategies to Involve the Community".



Step Two: Information Collection and Analysis

When people talk about assessing the health needs of a population or target group, the gathering of relevant, valid and reliable data from a variety of sources is the usual course of action. But what specifically is the information that would be most useful? There are four general areas in which information can be gathered:

1. Health status of the population or target group
2. Health determinants
3. Health programs and services
4. Other information which may include community capacities, economic development, relevant government policies, and research.

Information needs to be gathered in four areas:

- ***Health status***
- ***Health determinants***
- ***Health Programs and Services***
- ***Relevant community context.***

Health Status

Specific indicators or measures of health status will need to be selected to provide information on the population or issue identified.

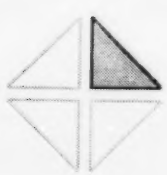
A few examples of health status indicators include:

- Infant mortality rates
- Average life expectancy
- Prevalence of long term disability
- Proportion of low birth weight babies and
- Proportion of the population rating their health as very good to excellent.

Social and demographic information on the population under study is also important to collect.

There are many types of data for health status and demographic information provided by government departments at provincial and federal levels. A few examples of the types of data available are provided in the following table. Publications such as *Health Trends: A Working Document*, Alberta Health and Wellness; *Review of Selected Trends in Health Status, Health System Performance and Socio-economic Indicators 1998 Edition*; and several others are available to assist in planning and data collection.

Information Source	Type of Information
• Alberta Vital Statistics	• birth registration, i.e. infant mortality, birth weight, birth and death rates, etc. • deaths by cause, by gender, by age • marriages • stillbirths
• Alberta Health and Wellness	• communicable and notifiable diseases by the number of cases and rates • acute and long term care separation rates for selected disease, injuries and mental disorders
• Statistics Canada for: - Socio-economic data - Other demographic characteristics of the population	• population size and structure marital status, family structure, • type and number of dwellings, living arrangements • economic and labour information • educational level • ethnic origin • religious background



Health Determinants

Two federal government documents, *Strategies for Population Health - Investing in the Health of Canadians (September 1994)* and *Report on the Health of Canadians (September 1999)*, provide a full discussion of the determinants of health. A comprehensive health needs assessment will include an analysis of a broad range of interrelated health determinants that can in turn provide the foundation for the development of strategies to improve the health of the region's population.

There is a growing body of information available on the following determinants of health (Refer to *Strategies for Population Health - Investing in the Health of Canadians (September 1994)* for a full discussion).

- **Income and Social Status.** Often considered the most important determinant of health.
- **Social Support Networks.** Support from families, friends and communities is associated with better health.
- **Education.** Health status improves with the level of education.
- **Employment and Working Conditions.** Those with more control over their work circumstance and fewer stress-related demands of the job are healthier.
- **Physical Environments.** Physical factors in the natural and built environments are key influences on health.
- **Biology and Genetic Endowment.** Genetic endowment and the functioning of various body systems and a fundamental determinant of health.
- **Personal Health Practices and Coping Skills.** Social environments, lifestyle choices (e.g. exercise, proper diet) and coping skills influence health.
- **Healthy Child Development.** Good pre-natal health for mothers, positive early childhood experiences, development of coping skills all have impact on health.

- **Health Services.** Health services, particularly those services that help to maintain and promote health and prevent disease or injury contribute to a population's health.

Many health determinants are not significantly influenced by the health system.

Most determinants of health are not in the control of or significantly influenced by the health system. Therefore, it is critical to involve others who share an interest, or influence the health and well-being of the region's population, in the health needs assessment, as well as in the development of program and service strategies.

Sources of information for health determinant indicators are numerous. For example:

- Health Canada and other federal departments produce reports on a wide variety of topics relevant to health determinants. An increasing number are available directly from government websites. Some reports use a population health approach to organising the information that can be very helpful (e.g. *Report on the Health of Canadians, 1999* prepared by the Federal, Provincial, and Territorial Advisory Committee on Population Health).

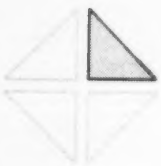
- Statistics Canada provides an extensive list of reports using census data and data from specially designed surveys.

- All provincial government departments, produce reports that are available through each individual department, websites, government libraries, and the Queen's Printer.

Health Programs and Services

Information about the current health programs and available services are part of a regional profile. Information on utilization of services and of evaluations of program services can be incorporated. The health needs assessment does not evaluate operational performance of a program or service.

Each region will need to determine which indicators they find useful for determining health needs. Some regions include an



analysis of adequacy of services to meet the region's health needs in their health needs assessment. Others prefer to incorporate it along with the results of the health needs assessment as part of the larger business planning processes.

Indicators that describe program and service inputs, processes, outputs and outcomes will need to be used if this component is included in the health needs assessment. Definitions and examples are described below.

- **Input indicators** describe the type and amount of resources used by a health organization to deliver programs and services. Examples of inputs are staff levels, number of clients, funding, number of beds, supplies and buildings.

- **Process indicators** describe the activities and tasks undertaken to achieve program or service objectives. Examples of process information could be the percentage of community health nursing time spent on home care activities, or the percentage of surgeries done on an outpatient basis.

- **Output indicators** describe the results of tasks and/or activities undertaken to address program or service objectives. Examples include readmission rates to hospitals or the proportion of children fully vaccinated by age six.

- **Outcome indicators** measure changes in health status or health determinants attributable to a program or service. Examples include change in functional abilities of home care clients attributable to the program, or change in mortality rates attributable to specific interventions.

Input indicators
describe inputs, e.g. staffing, number of clients.

Process indicators
describe tasks/activities, e.g. percent of surgeries done on an outpatient basis.

Output indicators
describe the results, e.g. readmission rates to hospitals.

Outcome indicators
measure changes, e.g. a decrease in mortality rates as a result of a program.

Other Sources of Information

There are an infinite number of other sources of information that can be helpful for regions to plan their health needs assessment. It is critical to determine, as specifically as possible the nature of the data or information required. The health needs assessment process can quickly become mired in too much information that is not critical to the decision making process or provide the intended results.

Determining the reliability, validity and other aspects of quality of information is an important issue as information from an increasing number of sources occurs. Careful attention will need to be given to evaluating the quality of information before it is used in health needs assessments.

Consideration must also be given to the impact freedom of information and privacy legislation has on accessing and sharing information, particularly in relation to data on individuals between organizations and different sectors such as sharing information between social services, education, and health organizations.

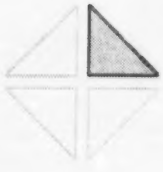
Lots of creativity can be applied to finding new sources of information if the purpose is kept clearly in focus. Some examples of sources of information include:

- **Internet** – An increasing amount of information is available from governments, universities, researchers, and organizations. Networks of agencies with similar issues on the Internet provide another avenue to share expertise (e.g. Health-in-Action, the American Evaluation Society and many other sponsor e-mail or chat sites).

- **Literature reviews** - Search for new information on a specific topic area and see if it fits with the situation.

- **Consult with experts** - Use the expert resources. Many centres of excellence are being set up around the world that are interested in working with health planners. Research networks and consultation consortiums are being set up to link research and other expertise to organizations like RHAs and provide reasonably priced services.

- **Ask other RHAs** - Other Regional Health Authorities may have information or experience they could share, or they may have similar information needs and are willing to collaborate on obtaining health needs assessment expertise.



Deciding on Methods

There are many resources that offer information and insights on various data collection methods that can be used in a health needs assessment. The methods selected will depend on a number of factors including the availability of staff and external expertise, the time and resources available, existing information and processes that could be used, and the current level of community involvement in planning. Ideally, existing planning information can be updated rather than starting from the beginning. The benefits and costs of each method will need to be evaluated before the final selection is made.

The method used for data collection will depend on such factors as:

- ***Staff resources***
- ***Outside help***
- ***The availability of existing data and information***
- ***Time frame and budget***

Some of the most common approaches to information collection are described below:

- **Key Informant Approach.** This approach involves gathering information from community leaders, service providers and other individuals who have a stake in the issue, who are knowledgeable about the community, and can accurately identify some of the priority needs and concerns. Data is usually obtained through structured face-to-face interviews. In some cases, information from the interview can be supplemented with a questionnaire.

- **Standard Functional Assessment.** This approach includes an assessment of the level of functioning of a user of the health service by identifying the level of care requirements. This usually involves a knowledgeable health professional using a standardized assessment instrument to determine the service needs of the user. This can be effective to identify the needs of a target group or a specific program.

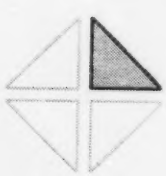
- **Participatory Group Approaches.** The goal of using a participatory approach is to bring together members of the community to identify needs. A public forum can be one vehicle to receive input. Focus groups can be another way to garner the collective wisdom of the community. In a focus group, a small number of people are specifically selected according to predetermined set of criteria, attend a meeting. A facilitator asks a series of questions about a topic or issue to gather

opinions. Special tasks groups of community members can also be established to identify problems and needs, and develop responses and/or recommendations.

- **Attitude Survey Approach.** A survey of the population or target group under review is one of the ways to collect information (assuming the survey instrument is valid and reliable) about the attitudes and perceptions of participants. A survey can also collect demographic data of the people (e.g. age, sex, location, socio-economic data, etc.).

  Factors such as the cost to conduct the survey, the availability of staff and/or resources, ethical and confidentiality issues, sample size required, and the plan for analysis will influence the survey approach used.

  Other data sources can be used to supplement the information from the survey; e.g. environmental data, epidemiological data (morbidity, morality, prevalence and incidence of disease), and resource inventory data.



Strategies to Involve the Community

One of the best ways to understand the health needs of communities is to ask them directly. Involving community members helps to balance factual information gathered with an understanding of the values, preferences and expectations of communities within and across the region.

There is a spectrum of community participation activities that can be used depending on the desired outcome. The following chart adapted from *The Niagara Institute Public Participation Handbook - How to make better decisions by involving interested people and groups in your planning and implementation process* (1989) presents only a few examples of public participation activities ordered in increasing complexity.

The chart below can help identify levels of involvement of organizations and the public for each activity.

Nature of the Communication	Information Session	Open House	Public Hearing	Workshop	Public Meeting	Consultation
One Way	One Way plus	One Way plus	One or Two Way	Two Way	Two Way	Two Way
Detached	Attached	Attached	Attached	Attached	Attached	Attached
		Clarify questions only	Present views & receive	Present views	Present views & debate	Present views & debate
Formal	Formal	Informal	Formal	Organized facilitation	Organized facilitation	Organized facilitation
Large	Large	Large	Limited number	Limited number	Large	Limited number
Short	Short	Short	Short/Long	Short	Short	Short

More organized influence

Community meetings are well accepted mechanisms to share information, gauge opinion and can potentially contribute to meaningful authority/community relationships. The table below describes a few tips to consider when planning community meetings.

Helpful tips when planning a community meeting.

- **Set Clear Goals for the Meeting.** People come with different expectations. Make the purpose clear at the outset so that they can adjust their expectations.

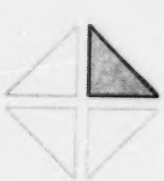
- **Structure the Meeting.** Different approaches should be considered: presentations from interested groups and individuals, workshop sessions with identified questions and topics for consideration, roundtable discussions with mixed groups of people discussing similar topics, panel discussions on key topics followed by open discussions. Whichever approach is selected, the structure should be clear to participants before they arrive and allow adequate time for discussion and feedback.

- **Strong Leadership at the Meeting.** It is important for people facilitating the meeting to come prepared to listen, to treat people with respect, and to be open and honest with information. It may take more than one meeting to get people to shift their focus of attention to underlying health issues.

- **Communication in Understandable Language.** Make sure that the information presented to participants is not filled with technical language and jargon, but is in a language they understand and is sensitive to their community culture.

- **Develop a Clear Communication Plan.** A communication plan for the meeting should be developed in advance and include such information as how the meeting will be publicized, the roles of the RHA staff and participants.

- **Document and Share the Results.** Plan to provide a summary of the session to participants and keep them informed throughout the entire health needs assessment process.



In addition to broad community involvement, there are a number of professionals, volunteers and business people in the community whose expertise and ideas should be tapped. Community health councils are used by many RHAs to help in this area. Teachers, school board administrators, municipal leaders, police, volunteers and service clubs, social workers, day care workers, owners and managers of businesses and industries in communities are excellent sources of ideas and insight into the health needs of the community. They can provide information about common health problems and causes and areas where prevention and promotion could make improvements to health. Ways of involving the above groups include forums, questionnaires, surveys, and task forces to address specific issues.

Community partnerships and ongoing community involvement build strong linkages and commitment to the needs assessment process and results.

Opportunities to seek input from health service providers should be planned as part of the health needs assessment process. Health service providers have a wealth of information and experience working with community members and assessing health needs. Mechanisms and committee structures within the RHA, such as community health councils, physicians' liaison councils, professional/technical committees specific task groups/teams and new committees should be used.

In addition, involvement of health service providers in the general community sessions may be valuable.

These steps are suggested to engage the community in the health needs assessment process.

- Prepare a plan for involving community members.
- Determine what data needs to be collected.
- Decide what techniques are going to be used and acceptable to the community, who is going to develop them, the timelines and costs involved.
- Develop a communication plan for community sessions including detailed plans for advertising, invitations, media coverage and follow-up.
- Prepare a plan for involving health service providers and other key community members.

Developing A Community Profile

A community profile captures information about the characteristics of a community, the health and health-related resources available, and the community's perception of these. A region-wide profile can also be developed by consolidating the community profiles or by collating information related to health issues across the region (e.g. needs of infants and children across the region rather than community by community).

Developing a community profile creates opportunities to:

- Learn about a particular community or target population by collecting information about existing resources such as health and social services programs/services, public facilities, recreation opportunities, businesses and economic development, education, safety and transportation, and communications.
- Inform the community about the resources that are available.
- Provide a way to present health-related information about the community.
- Document community concerns and suggestions.
- Gather health related information of the community together in one place.

The dimensions of a Community:

- ***Community as a social system***
- ***Community as a place***
- ***Community as a people***

Descriptive information about the community is available from the local municipal office, school board, police department; previous needs assessment studies, and other community agencies. As a further guide, the following are recommended topic areas to include in the profile.

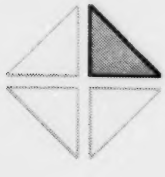
- **Demographic and Socio-economic Information.** This includes a description of the community, population data (number of people by age, gender, marital status of the population, etc.), economic information (average family income, labour force distribution, cost of living data, persons on social assistance, etc.), economic activity (number of businesses, number of persons employed/ unemployed, tourism information, etc.), education and literacy data, housing data (types of dwellings, living arrangement of seniors, etc.), and crime rates.

- **Health Status.** Health statistical information that describes the health status of the population would be included (e.g. mortality rates the number of deaths for a specific unit of persons from a particular cause within a defined time period), morbidity rates (the number of cases of illness/disease per year for a specific unit of people), life expectancy information, etc. This information will help identify if there are population health issues.

- **Health and Health-Related Community Resources.** In this section describe the programs and services available. Include comments regarding these resources made by the community.

The community profile should be written in an informative and easily readable manner. It will provide community members and health service providers with a comprehensive picture of the community. It can also serve as a useful community resource guide for collaborative planning.

Section 3 of this guide presents the final two steps in the health needs assessment framework: *Identify Health Needs and Priorities and Use the Results and Evaluate.*



Section 3: Identifying Health Needs and Using the Results

- Step Three: Health Needs Assessment and Priorities
- Setting Priorities
- Step Four: Results and Evaluation
- Sharing the Results
- Evaluating the Needs Assessment Process
- Continuing the Process
- Concluding Comments

Section 3: Identifying Health Needs and Using the Results

This section of the guide discusses the third and fourth steps of the health needs assessment framework - Identify Health Needs and Priorities and Use the Findings and Evaluate.

Step Three: Health Needs and Priorities

The third step in the health needs assessment process is to analyze and interpret the data and information collected. Both qualitative and quantitative analyzes are used to determine health needs.

Quantitative analysis may be obtained by reviewing statistics compiled by health care agencies and other sources at the local, provincial or national level. Statistical analyzes using a variety of methods are performed to assist in developing results. The rigor of analysis will depend on the quality of the data and the skills of the analysts. Consultation with experts in this area is an important option to consider. It is critical to understand the limitations and the applicability of findings when determining the degree of validity and importance of a need.

Many questions will need to be developed to determine the health needs of a region. A few examples include:

- What are the most common health needs and issues identified across various information sources?
- What are the leading causes of death or disability for each age group, gender, area of the region; what are the trends?
- What are the most common diseases and injuries?
- What are the most common causes for hospitalisation in the region and out-of-region?
- What are the reasons for the use of emergency and outpatient services?

Qualitative analysis will be based on information obtained through a number of methods. Community surveys, focus group discussions, and professional observations are sources of qualitative data. Information about community values, experience, and capabilities can be determined and used to identify needs.

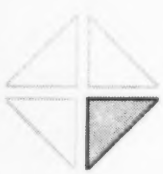
- What are the major themes/concerns that came from community discussions? Are those concerns consistent with the health needs identified by experts, professionals and health providers? If there are differences, what are the differences and why?
- Where are the opportunities to make substantial gains in health status by region, target population, by community?
- What are the key areas to prevent disease and injury, and promote health and well-being?
- Are there health needs or issues being addressed by the community?
- What strategies are being used; which strategies are working and why?

A wide variety of health service providers, experts, users of the health system and community members need to be involved in identifying the health needs.

Setting Priorities

Establishing priorities among the health needs identified is a complex matter requiring the collective wisdom of the RHA Board, staff members, health service providers and key community partners. The needs assessment process provides valuable information to assist the RHA in setting priorities.

There are many frameworks developed for priority setting. Few have been thoroughly implemented and tested. Evidence does support the approach of thoughtfully selecting or developing a process framework for priority setting that is actively shared and communicated with all parties involved in, or impacted by the results of the priority setting process.



Setting priorities also involves considering what strategies; programs and services are available, or have the potential of making an impact on the health need. A key part of any priority setting process is to examine health needs and analyze possible options related to programs, services, initiatives or solutions that could be put in place or enhanced to address the need. The purpose is to identify those health needs that have the greatest potential for impact on the health of the population. This includes strategies that the RHA can provide, as well as those that could be initiated along with other community partners.

Evaluation of possible approaches involves many factors including the following:

- Has the possible solution been successful elsewhere?
- What are the estimated costs of the proposed program/service solution? Is it affordable and for how long?
- Does the proposed strategy fit within the provincial and regional priorities? How does it fit within Alberta's core services as delivered in the region?
- Are staff members with the right expertise available to implement the program/service?
- Who in the region/community needs to be involved, contribute resources, benefit or be impacted?
- Is the solution acceptable to the community? Would the community think this is the right approach? Is it consistent with their values?

RHAs are responsible for establishing priorities and taking appropriate action to address the health service needs and gaps within their regions. Up to this point, a public participatory approach has been advocated in this guide. At this stage, the role of the community in setting priorities will need to be clearly set out and understood.

There are many approaches to involving the community in setting priorities. Some regions have followed a three-step approach to setting priorities in partnership with the community:

Step 1: The RHA board reviews the health issues/concerns and possible solutions that have been developed in partnership with the community. The board assesses each item in light of provincial government priorities, regional priorities and other community initiatives.

Step 2: Based on this preliminary review by the board, feedback is given to regional staff conducting the health needs assessment. In turn, the feedback is shared with the community for their consideration.

Step 3: The community in partnership with regional staff conducting the needs assessment, develop suggested priorities and then submit them to the board for further review and consideration.

Setting Priorities

- ***Establish the evaluation criteria***
- ***Assign relative importance***
- ***Apply the criteria***
- ***Arrange your priorities***

There are many decision making and prioritising frameworks contained in the academic literature and they differ in the level of complexity. Here are some guiding steps that may be helpful in developing or selecting a model.

- **Establish evaluation criteria** to assess the merit of each possible solution. Some evaluation criteria can be drawn from the list of questions on the previous page. The evaluation criteria should focus on two general categories; i.e. importance and feasibility. Other factors to consider are: the urgency of the problem, the feasibility of the proposed solution including ease of implementation, the availability of resources, community acceptability, the perceived effect or impact on the quality of life of the target group, the availability of other partners in the community who are willing to help, and the consequences of taking no action.

- Assign **relative importance** to each criterion. Develop a scale to rank relative importance. For example, apply a scale of 1 to 10 with 1 being the least importance and 10 being the most important.

- **Apply the criteria** to each possible option to assess whether that option is a high, medium or low priority when the criteria is applied. Apply a weighted scale if one has been created. (1 - 10).

- **Arrange priorities** from highest to lowest total priority based on the evaluation criteria.

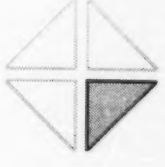
Further information on priority setting models is included in the references provided at the end of this guide.

It is important to do a final "reality check" with the wider community to validate the possible solutions and priorities. This can be accomplished through focus groups, community meetings, and special interest sessions. Based on the feedback received, priorities can be adjusted.

Validating Process

A reality check with the wider community helps to test the priorities and solutions.

To complete the feedback loop, community members should be advised of the actions that were taken as a result of their input and advice. If adjustments to priorities or proposed actions are made, community members should be advised and understand that this is in response to their feedback. On the other hand, if no changes are made in certain areas in spite of the feedback from community members, a complete explanation is necessary. This is an important task of the RHA board and staff.



Step Four: Results and Evaluation

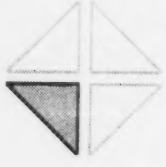
The results of a health needs assessment can be used in whole or in part in a variety of ways. Perhaps the most important use is to provide evidence to inform RHA decision-makers involved in developing and implementing their region's business plan. The integration of the health needs assessment results into program and service decisions made in the region is a requirement outlined in such documents as the *Regional Health Authorities Act, Health Authority Business Plan, Annual Report Requirements, and the Governance Expectations of Alberta's Health Authority Boards - November 1998.*

Other uses of health needs assessment results include:

- **As a baseline for future assessments.** The data from the health needs assessment can be used as a basis to measure changes in the health status of the population.

- **To develop or change program directions.** Evidence from health needs assessments may validate current program directions. The information may also support redirection or deletion of programs or services. The process will help to identify community assets that can be employed or developed to respond to the directions of the region.

- **As a springboard for broader community development initiatives.** As discussed throughout this guide, the health needs assessment, examines the health needs within the framework of broader determinants of health. Therefore, possible solutions to improve the health status of the population must go beyond the health service system and embrace community-wide development approaches.



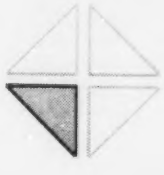
Sharing the Results

A thoughtful, planned approach to share the results is necessary. The approach should reflect the different needs of communities and stakeholders in the region.

Here are some questions to help share the results.

- Who will receive the information?
- What information do the participants such as board members, staff, other community organizations, and the general public want?
- What methods can be used that best present the information to the various receivers of the information?

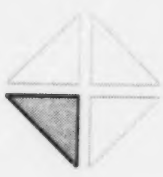
It is advisable to develop a list of groups within the RHA and outside who will receive the information, analyze the information needs of each group, and then select the most appropriate reporting methods for each group. Following are some presentation suggestions for different target audiences.



Target Audience	Presentation Suggestions
Regional Health Authority Board	Formal slide presentation accompanied by a summary of the report highlights
Regional Health Authority Staff	Presentation of key results to targeted staff groups, report highlights in the staff newsletter, lunch hour sessions to present key results, a copy of the report made available in the staff library/resource room
Other Health Service Providers	Group meeting to present findings, executive summary of report given to participants, formal report made available
Other Community Organizations and General Public	Highlight reports prepared for use by media (e.g. a short video, a summary that can be inserted in the local newspaper, service club monthly newsletter, etc.), a public forum to present the results of the needs assessment, a copy of the health needs assessment placed in the public library, school library and/or college university library

Evaluating the Needs Assessment Process

Evaluation is an invaluable component in any planning process. Evaluation of the activities, products and outcomes of a health needs assessment process allows participants to identify strengths and areas for improvement. Evaluation determines if objectives have been achieved, ensures accountability and assesses the level of community, board, staff and professional group satisfaction with the process. Effective evaluation supports continued improvement of the needs assessment process.

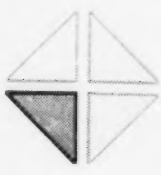


Evaluation can be done in a practical way if an evaluation design is incorporated early and strategically in the planning of the health needs assessment process.

One type of evaluation is objective-based. It measures whether pre-set goals and objectives have been achieved and strives to explain why. Goals and objectives can be set for outcomes of the health needs assessment as well as for the activities undertaken as part of the needs assessment process itself. These goals and objectives provide the focus for evaluation and help to determine appropriate evaluation methods and routes for dissemination of the results. A few examples of goals and objectives for health needs assessments are:

- To measure the health status of the/a region.
- To identify available health resources, programs and facilities.
- To determine the health attitudes and behaviours of youth in Community X in 2001.
- To enable individuals and communities to identify their own health issues and decide what to do about them.
- To develop meaningful program planning documents.

The resources and expertise required for evaluation are often under-estimated. Therefore, planning to obtain resources for evaluation needs to occur.



Continuing the Process

Earlier in this guide, it was emphasized that health needs assessment is an ongoing process that is tied to the region's business planning activities.

Here are some strategies to ensure that the results of health needs assessment are used in key planning activities:

Health needs assessment is an ongoing process

- Provide a condensed version of the key findings to all RHA board members, senior management and program/service managers and co-ordinators. This condensed version can act as a handy reference guide.

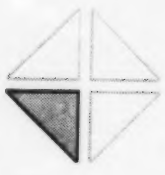
- Make it policy that all program requests use the health needs assessment findings (where appropriate) to support their submission.

- Keep the information from the health needs assessment current so that the report is not viewed as a "stale" document. For example, review and update different sections of the community profile information on a yearly basis. When new health status information comes available, consider if it has an impact on the health needs assessment results. Update demographic information when new census information is available.

- Keep a record of the actions taken on the recommended directions from the health needs assessment and make this "report card" available to community stakeholders.

- After completing a region-wide health needs assessment, a region may decide to conduct a targeted needs assessment of a specific population (e.g. adolescents) or target group after careful review of the priorities. If this is the case, link the information from the region-wide needs assessment to the targeted assessment.

It takes resources to sustain health needs assessment as an ongoing process. Building some of these activities into ongoing planning activities is helpful rather than undertaking one large resource intensive effort every few years.



Concluding Comments

This guide is designed to assist RHA staff in planning their region's approach to assessing health needs and using the resulting information to set priorities, choose appropriate actions and evaluate results.

A well planned and comprehensive health needs assessment process will provide a RHA with a solid base of information about the current and future needs, capacities and community expectations within their region. The results can then be used for more effective business planning that will respond to the health needs of the region's population.

Section 4: List of References Annotated Bibliography

List of References

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Alberta Health. (October 1995). *Assessing community health needs - A guide for regional health authorities.* Edmonton: Alberta Health.

Alberta Health. (July 1995). *Evidence-based decision-making - A guide to using indicators in health planning.* Edmonton: Alberta Health.

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Alberta Heritage Foundation for Medical Research. (1996). *S.E.A.R.C.H. - A snapshot of the level of indicator development in Alberta health authorities.* Edmonton: Alberta Heritage Foundation for Medical Research.

Campbell, M.D. and Gilmore, G.D. (1996). *Needs assessment strategies for health education and health promotion.* Dubuque, IA: Brown & Benchmark Publishers.

Federal, Provincial and Territorial Advisory Committee on Population Health. (September 1999). *Report on the health of Canadians.* Ottawa.

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Manitoba Health. (1997) *Community health needs assessment guidelines.* Winnipeg: Manitoba Health.

Nova Scotia Department of Health. (1997). *Community health planning guidebook series.* Province of Nova Scotia: ISBN 0-88871-428-9.

Prince Edward Island health and Community Services. (1997). *The PEI guide to community health assessments.* Sackville: Rural and Small Town Programme.

Saskatchewan Health. (1996) *Health needs assessment guide for Saskatchewan health districts.* Regina: Saskatchewan Health.

The Niagara Institute. (1989). *Public participation handbook - How to make better decisions by involving interested people and groups in your planning and implementation process.* Niagara-on-the-Lake: The Niagara Institute.

Saskatchewan Health. (1996) *Needs assessment framework for health district and their partners.*

Health Needs Assessment Annotated Bibliography

The following annotated bibliography provides selected background information dealing with the topic areas of health needs assessment and setting health service priorities. The references are drawn from books, reports and journal articles.

1. Abbey, D.S. & Abbey-Livingston, D. (1982). Enjoying Research? A how to manual on needs assessment. Toronto: Queen's Printer for Ontario.

   This 'how to' manual provides a comprehensive overview of needs assessment research and includes information on research methods used in conducting an assessment. The manual describes a step-by-step approach to developing a research plan and provides detailed information on designing and implementing research tools (e.g. questionnaires, surveys, interview guides) to collect research data. The last two chapters provide tips on analyzing the data and presenting the results of the needs assessment.

2. Alberta Heart Health Project 1999. Handbook for Assessing Community Capacity and Handbook for Building Community Capacity.

   These handbooks are products of the "Heart of the Land" Project, an initiative of the Alberta Heart Health Project. Although the focus is heart health, the content provides excellent information for anyone interested in the incorporation of community capacity assessment as part of health needs assessment planning.

3. Anderson, E.T. & McFarlane, J.M. (1995). Community as partner: Theory and practice in nursing (Chapter 6). Philadelphia: Lippincott.

   Chapter 6 presents a community health assessment systems model. This systems model takes into consideration the broader determinants of health. The model identifies community subsystems (presented as a "Community Assessment Wheel") that influence the health and wellbeing of a community. The

wheel contains eight community subsystems and a community core. The eight subsystems include Physical Environment, Education, Safety and Transportation, Politics and Government, Health and Social Services, Communication, Economics and Recreation. An assessment of the community of "Rosemont" is also included in the chapter.

4. Anderson, M. and Brazil, K. (1996). Assessing health service needs: Tools for health planning. Healthcare management FORUM, Volume 9, No. 1, 22-27, Spring 1996.

   The authors argue that needs-based planning is a critical tool for priority setting and resource allocation in the health care sector. They present a number of approaches to conducting needs assessments and endorse the multiple method approach. The methods described include: population statistics, utilization statistics, surveys (face-to-face interviews, telephone and mail surveys), and structured groups (focus groups, nominal groups, Delphi panel and public forums). The authors also recommend the use of geographical information systems (GIS), i.e. the overlay of social, economic, demographic and environmental information on a geographic area.

5. Birdwell, S.W. and Calesaric, H. (1996). Identifying health care needs of rural Ohio citizens: An evaluation of a two-stage methodology. The Journal of Rural Health, Vol. 12, No. 2, 130-136, Spring 1996.

   A two-stage needs assessment methodology was used in this health needs assessment of rural Ohio citizens. In stage one, 12 focus groups were conducted in six areas, i.e. six consumer focus groups and six health provider groups. In stage two, a mail-out questionnaire was sent to all focus group participants and invited focus group participants who were unable to attend.

6. Bosworth, T.W. (1996). Community health needs assessment: The healthcare professional's guide to evaluating the needs in your defined market. Chicago: Irwin.

   The author describes how to conduct a needs assessment, the results of eight assessments conducted by the author, effective tools to use, and common research pitfalls to avoid. Chapter eight includes a presentation on current models of community

health needs assessment, i.e. social accountability budgeting, healthy communities approach, Assessment Protocol for Excellence in Public Health (APEX/PH), Planned Approach to Community Health (PATCH), and the model standards approach.

7. Campbell, M.D. and Gilmore, G.D. (1996). Needs assessment strategies for health education and health promotion. Dubuque, IA: Brown & Benchmark Publishers.

   The authors present the basic principles of needs assessment, i.e. people are important to the needs assessment process, the needs that people report are realistic issues to consider, and a needs assessment is an applied process for gathering useful information for individual and group planning purposes. Methods for collecting needs assessment data are presented, as well as case studies and a needs assessment simulation.

8. Coast, J. et al. (1996). Priority setting: The health care debate. Chichester: John Wiley & Sons.

   This authors analyze the issues involved when setting health care priorities. They evaluate models used in a number of jurisdictions, e.g. Oregon and New Zealand. Chapter four deals with the ethical basis for priority setting exercises. Technical priority setting methods are evaluated and public participation in priority setting is explored.

9. Final Report by the Swedish Parliamentary Priorities Commission. (1995). Priorities in health care: Ethics, economy, implementation. Stockholm: SOU.

   This report documents the results of the Swedish Parliamentary Priorities Commission. The Commission was requested to review the role of health services and to highlight the ethical principles of setting priorities in health care. The book presents prioritization models from other jurisdictions, ethical principles, and the Swedish prioritization model (prioritization guidelines and implementation of guidelines).

10. Gingiss, P. and Grunbaum, J.A. (1995). A comprehensive approach to school health program needs assessments. Journal of School Health, 65(2): 54-59, Feb. 1995.

The authors describe a district-wide needs assessment approach that was tested to assess health promotion needs in school health programs. The approach assumed a needs assessment should be multi-dimensional and comprehensive. Seven priority health-related behaviours were included, as well as eight components of a school health program (as identified by Kolbe).

11. Hawe, P. (1996) Needs assessment must become more change-focused. Australian and New Zealand Journal of Public Health, Vol. 20, No. 5.

The author suggests that setting of priorities resulting from a health needs assessment is not straightforward. Area-based needs assessment methods have tended to reinforce the status quo in service and program delivery, rather than challenging it. The author suggests that the needs assessment process should create leverage for change and that health workers be more conscious of their purpose and ethics when they engage in needs assessment and discussions with communities.

12. InterHealth. (1992). A guide to community health needs assessment tools: A compendium of tools and experiences. St. Paul, MN: InterHealth Publication.

This guide provides descriptions of major general health measurement instruments that are summarized in the "Community Health Assessment Tools Matrix". The focus of the guide is on presenting subjective measures of perceived health status to complement statistical measures of population health such as morbidity and mortality data. Nine measurement instruments for general health status are presented.

13. Meadows, L. and Render, R. (1993). Report on conducting a community needs assessment. Calgary: The University of Calgary.

The authors discuss the theoretical and practical aspects of conducting a need assessment. The paper reviews published literature on the subject, documents the experiences of

researchers who have conducted needs assessments, and presents methods of collecting data, i.e. key informant approach, face-to-face interview, nominal group/focus group, community forum, surveying community members (i.e. mail-out questionnaire and telephone interview), rates-under-treatment, and social indicators.

14. Ontario Ministry of Health. (April 1996). A guide to needs/ impact-based planning. Toronto: Ministry of Health.

    The model of need assessment developed by the Ontario Ministry of Health provides a logical and systematic way to make planning and resource allocation decisions. It presents a six-step model: 1. Determine the needs, 2. Potential and current strategies, 3. Evaluate strategies, 4. Determine priorities, 5. Action and advocacy, and 6. Evaluate impact. It also presents a matrix to integrate needs and impact of the strategies.

15. Ontario Ministry of Health. (1990). Fitting the pieces together: Working document for building community support for people - a plan for mental health in Ontario. Toronto: Ministry of Health.

    This manual was designed to assist District Health Councils in Ontario to develop and implement local mental health plans. The manual presents a summary of approaches to needs assessment and data collection. It includes mechanisms and strategies to involve consumers and families in mental health planning and the implementation process. It also contains a suggested format for a multi-year plan.

16. National Forum on Health (1998). Determinants of health: Children and youth (volume 1). Sainte-Foy: Editions Multi-Mondes.

    Volume 1 of this series deals with health determinants of children presented in several topical papers by field experts. Topics includes: enriching the preschool experiences of children, developing resiliency in children, child abuse and neglect, preventing injuries in children, promoting optimal development, youth and substance abuse, STD and Aids prevention and homeless youth.

17. National Forum on Health (1998). Determinants of health: Adults and seniors (volume 2). Sainte-Foy: Editions Multi-Mondes.

Volume 2 of this series deals with health determinants of adults and seniors. The book contains papers from field experts that deal with the following topics: health consequences of unemployment, promoting literacy, maintaining independence, promoting active living and healthy eating among older persons, the transition from employment to retirement, use of prescription medication, neglect and abuse of older persons.

18. Pickin, C. and St. Leger, S. (1993). Assessing health needs using the life cycle framework. Buckingham, U.K.: Open University Press.

The authors state that there are three key elements of a needs assessment: (1) measurement of health status and identification of health problems, (2) assessment of health resources, and (3) ways of maximizing health gain. The authors then apply a life cycle framework in order to divide the population under study into meaningful groups. The life cycle framework divides the population into nine life cycle stages from before birth to old age. The authors contend that applying the life cycle framework to the needs assessment process allows the needs of the entire population to be examined in a coherent fashion.

19. Rice, J.A. (1993). Community health assessment: The first step in community health planning. Chicago: American Hospital Association, Volume 12, Number 13.

This guide provides an overview of the community assessment process. It describes how to develop a community health profile, the steps in conducting the community assessment, and strategies to mobilize the community. The appendix contains information on data collection mechanisms and common measurement tools.

20. Saunders, L. D. and Wanke, M. (1996). Towards a framework for health service research. Healthcare management FORUM, Volume 9, No. 1, 28-34, Spring 1996.

The authors present a framework for classifying health service research so that it can be used to plan and manage health services. They suggest that the management cycle has four phases: assessment, design, implementation and evaluation. The assessment phase determines and prioritizes health and service delivery problems. Analysis of health information and demographic data, focus group interviews and telephone surveys are suggested ways of collecting data for the assessment phase of the cycle.

21. Steering Committee for Phase II Planning of the Provincial Health Ethics Network. (1995). Preliminary health ethics needs assessment: Developed by request of Alberta Health. Edmonton: Alberta Health.

This report documents the results of a preliminary needs assessment of the ethical themes and issues regarding health ethics needs of the seventeen regional health authorities. Some of the expressed needs include the need for connection, coordination, education, dialogue and consultation. The report also contains a summary of selected literature, an annotated bibliography and other communication relevant to the topic of health ethics.

22. Timmreck, T.C. (1995). Planning, program development and evaluation: A handbook for health promotion, aging, and health services. Boston: Jones and Barlett Publishers.

Chapter six of this book is dedicated to the discussion of determining program and service gaps by conducting a needs assessment. It provides an overview of the needs assessment process, needs assessment approaches, i.e. key informant approach, community forum, rates under treatment approach, social and health status indicators, service population approach, focus groups, community diagnosis approach and surveys. The next chapter (chapter seven) presents a variety of priority-setting methods used I in the health care sector.

23. Torres, M.I. (1998). Assessing health in an urban neighbourhood: Community process, data results and implications for practice. Journal of Community Health, Vol. 23, No.3, 211-226, June 1998.

This article examines the community process and data results of a health assessment in an urban neighbourhood in Western Massachusetts. The author describes the four-stage development process used in the study: planning with a contemporary participatory approach, collecting the data with traditional survey methods, analyzing the data and presenting the results, and incorporating the community reaction.

24. The American Public Health Association et al. (1991). APEXPH: Assessment protocol for excellence in public health. Washington: National Association of County Officials.

This workbook provides a framework to assess and improve the organizational capacity of a public health department, and to work with the local community to assess and improve the health status of the population. The framework has three parts:
1 conducting the organizational capacity assessment,
2 the community process, and
3 completing the cycle, i.e. completing the activities required to ensure the plans developed in 1 and 2 are carried out (the activities are policy development, assurance, monitoring and evaluation).

25. Wing, J. et al. (1992) Measuring mental health needs. London, U.K.: Gaskell.

This book describes different needs assessment approaches to determine mental health needs. The authors discuss methods of ensuring that programs and services are tailored to meet the identified needs. An entire section of the book is devoted to setting priorities and another section deals with evaluating the ability of services to meet the identified need.

26. Witkin, B.R. and Altschuld, J.W. (1995). Planning and conducting needs assessments - a practical guide. London, U.K.: SAGE Publications.

This is a useful "guide" to conducting needs assessments is divided into two sections. The first section presents information on planning and managing the needs assessment. The latter section explains the tasks and provides guidelines for collecting, analyzing and interpreting data.

27. Wright, J. (1998). Health needs assessment in practice. London, U.K.: BMJ Books

The book is written by a group of leading authorities in health care policy in Britain. It provides reasons why needs assessment is important and presents a framework of questions to ask when assessing health needs. Epidemiological issues in health needs assessment are discussed and practical approaches to health needs assessment presented. One chapter (chapter 6) is dedicated to participation of consumers and professionals in the assessment. Chapter 8 discusses clinical and cost effectiveness issues in health needs assessment.